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CR2E079 (2/14)

Registration Section

Division of Corporations S.P. Tech Enterprises, LLC SUBJECT: _____ (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Grant Gregory, CPA (Contact Person) GRA CPA (Firm/Company) 35 W Pine Street. Ste 220 (Address) Orlando, FL 32801 (City/State and Zip Code) For further information concerning this matter, please call: Grant Gregory 455-3055 x3 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee S55 Filing Fee & Certified Copy MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

		appears on the records of the Florida Department
of State is:	S.P. Tech Enterprises, LLC	
	ument/registration number assi 000159913	gned to this limited liability companyin:
4. I. Gregory Inv	ember/manager withdrew/resign vestments Holdings, LLC	ned or will withdraw/resign is:
(Print N	Jame of Person Resigning)	29
Authorized Member		<u>, </u>
	(Print Title)	
of this limited lia resignation in wr	, , ,	limited liability company has been notified of my
r	+	
Signature of D	issociating Member or Resigni	ng Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	